N INFO						LTH — STAND	ARD CER	TIFICATE	F DEATH	-	-0	3-015	5313
DO NOT WRITE ON-THIS STUB	ARIM	AMEND	ED	BLIC	egistration District No	Pri	mary Registration	District No. 30 /	2Registrar's	No <i>39</i> _		STATE FILE N	UMBER
			1 1	 	. PLACE OF DEATH a. COUNTY	PR 1 9 1963		· , -		DENCE (Where dec		. If institution:	.40 A
VS 300 Rev. 4/59			1	_		Clay	recum anto	11		Lssourf o	- 	ackson_	(dmission)
	AMENDED	ļ			OR	porate limits, give TOWN		Length of stay in 1b	c. CITY OR TOWN	Wa			Inside Limits
2001				 -	c. FULL NAME OF (If N	<u>lsior Spri</u>		Inside Limits	d. STREET	Missour:	cutside, giv		Yes No 🗆
26000	DATE			<u> </u>	HOSPITAL OR INSTRUCTION	ior Spring	s, Hos	D • Yea No 🗆	ADDRESS				Yes □ NoX
3				-:	Type or print)	First		Aiddle	Lest	4. DATE OF	Month	h Day	Year
4 ,				I _	(1) po or primi	BESSI	<u> </u>	JANE	BISBY	DEATH	March		
				1	S. SEX	6. COLOR OR RACE	7. Married X		8. DATE OF BIR			Months Days	R IF UNDER 24 HR Hours Min.
· 5				<u> </u>	Female	White	. –	USINESS OR INDUSTR	2-11-188		5 [
6	8			"	during most of working	g_life, even if retired)	100. KIND OF B	OSINESS OR INDUSTR	l		cooniry)		WHAT COUNTRY
7 7	FOLLOW		1	13	HOUSEWI a. FATHER'S NAME	1e	13b. MC	THER'S MAIDEN NAM	Lexingt	on, Mo.	NAME OF HU	USA ISBAND OR WIFE	3
	준				William Ba	ucom	Ma	ry Robins	on	Jo hr	a Edwi	in Bisb	У
8 0	SA S	11	+ $+$. WAS DECEASED EVER		16. SO	CIAL SECURITY NO.	17. INFORMANT	•	Ad	Idress	-
امسو ، ساسان	RE /		1		es, no, or unknown) (If y				<u> </u>				
10	<				PART I.	(Enter only one cause p DEATH WAS CAUSED BY	'. N.	•	0000			. 50	NTERVAL BETWEEN
1,1	OF OF		Į Š	1		IMMEDIATE CAUSE (a	. Hilbar						AA
	16 1 1~	I I	1 12		•	•	LOCALIDA	nary in:	MATTICLEY	1 11		/	- orays
120 0	REC EAD		DOC		Condition which as	ns, if any, DUE TO (ALI	rinal dis	tention	<u> </u>	· .	4	Sdays
12/2 - 0	THIS REC		DOCI		which ga above co stating th lying ca	ve rise to ause (a), ause (a), ause last. DUE TO	b) Addom	eib keme willeme	tention testing	bstruction	M	5	days days
$\frac{120 - 0}{13/-0}$	REC EAD		DOCI	NO	which ga above co stating th lying ca	ve rise to ause (a), ne under-	b) Addom (c) Partial CONDITIONS COP	Small IN	tention testinal o	Detruction in the terminal	PART III	I. If deceased there a pregni	days days was female was ancy in last 90 days
$\frac{120 - 0}{13/-0}$	S ON THIS REC		7000	ICATION	which gar above constating the lying can PART II.	ve rise to suse (a), suse (a), suse (a), suse leaf. DUE TO disease condition given	(c) Partial CONDITIONS CONTINUES CON		tention Lesting Lesting H but not related	Bstruction to the terminal	PAŘT III	If deceased there a pregna	ency in last 90 days
$\frac{120 - 0}{13/-0}$	S ON THIS REC		DOC	CERTIFICATION	which garabove constating the lying care. PART II.	ve rise to ause (a), he under- use last. DUE TO	(c) Partial CONDITIONS CON IN PART I (a) DE HOMICIDE	uere ·		Batructa i to the terminal		there a pregna	No Unknown
120 - 0	THIS REC		DOCI	EDICAL CERTIFICATION	which garabove constating the lying can PART II. 19. WAS AUTOPS? PERFORMED?	over rise for suse (a), the under- use last. DUE TO disease condition given The suse of t	(c) Partial CONDITIONS CON IN PART I (a) DE HOMICIDE	uere ·				there a pregna	No Unknown
120 - 0 13 / - 0	S ON THIS REC		DOCI	MEDICAL CERTIFICATION	PART II. 19. WAS AUTOPS PERFORMED? PERFORME	ve rise to puse (a), the under- use last. DUE TO disease condition given The public of the public o	(c) Partial CONDITIONS CONTINUES CON	20b. DESCRIBE HO		RED. (Enter nature o		there a pregna	No Unknown
120 - 0 - 121 NK	AMENDMENTS ON THIS REC		DOCI	MEDICAL CERTIFICATION	which garabove constanting the lying can part ii. 19. WAS AUTOPST PERFORMED? YES NO 20. TIME OF HOW INJURY a.m. p.m. 20d. INJURY OCCURRET WHILE AT WORK NOT WHILE AT WORK	we rise to a consider the property of the prop	(c) Partial CONDITIONS CON in PART I (a) DE HOMICIDE OF INJURY (a.g. factory, street, off	20b. DESCRIBE HO	W INJURY OCCUR	RED. (Enter nature o	of injury in P	there a pregna	ncy in last 90 days No Unknown I of item 18.)
120 - 0 - 131 - 0	READ AMENDMENTS ON THIS REC		DOCI	MEDICAL CERTIFICATION	PART II. 19. WAS AUTOPS PERFORMED? PERFORME	We rise to puse (a), the under- use last. DUE TO DUE TO disease condition given The puse Condit	(c) Partial CONDITIONS CON in PART I (a) DE HOMICIDE OF INJURY (a.g. factory, street, off	20b. DESCRIBE HO	W INJURY OCCUR 20f. CITY, TOWN,	RED. (Enter nature o	if injury in P	there a pregna	No Unknown I of item 18.) STATE
120 - 0 13 / - 0	AMENDMENTS ON THIS REC		IT OF DOCU	MEDICAL CERTIFICATION	which garabove constaining the lying can part ii. PART II. 19. WAS AUTOPST PERFORMED? YES NO DEPART NO D	We rise to ause (a). The under- use last. DUE TO OTHER SIGNIFICANT of disease condition given 20a. ACCIDENT SUICIC Month, Day, Year ORK CORK C	(c) Partial CONDITIONS CON in PART I (a) DE HOMICIDE OF INJURY (e.g. fectory, street, off	20b. DESCRIBE HO	W INJURY OCCUR 20f. CITY, TOWN,	OR LOCATION	if injury in P	there a pregna	No Unknown I of item 18.) STATE STATE 22c. DATE SIGNEI 4-2-63
120 - 0 - 131 - 0	AMENDMENTS ON THIS REC		VIT OF DOC	MEDICAL CERTIFICATION	which garabove constanting the lying can part in. 19. WAS AUTOPST PERFORMED? YES NO I CONTINUERY Same Part in. 20c. TIME OF Hour INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT WAS AUTOPST WAS AUTOP	we rise to be to be to be under- use last. DUE TO the under- use last. DUE TO disease condition given The property of the pro	(c) Partial CONDITIONS CONIN PART I (a) DE HOMICIDE E OF INJURY (e.g. factory, street, off	20b. DESCRIBE HO , in or about home, fice bldg., etc.) m on the	W INJURY OCCUR 201. CITY, TOWN, 10 1963 e date stated above 228. ADDRESS WILLIAM MATORY	OR LOCATION and last sew him e, and to the best of	of injury in P	COUNTY COUNTY COUNTY COUNTY COUNTY	STATE STATE 22c. DATE SIGNEI (State)
120 - 0 - 131 - 0	AMENDMENTS ON THIS REC NO. SHOULD READ INSTEAD		VIT OF DOC	MEDICAL CERTIFICATION	which garabove constating the lying can part ii. 19. WAS AUTOPS PERFORMED? YES NO CONTROL NOT WHILE AT WORK NOT WHILE A	we rise to be to be to be to be under- use last. DUE TO to disease condition given The property of the proper	(c) Partial CONDITIONS CON in PART I (a) DE HOMICIDE OF INJURY (a.g. factory, street, off	206. DESCRIBE HO 206. DESCRIBE HO in or about home, fice bldg., etc.) m on the of cemetery or critical Hills	w injury occur 20f. CITY, TOWN, 10 / 963 e date stated above 22f. ADDRESS MATORY Cemetery	OR LOCATION and last saw firm re, and to the best of	of injury in P	COUNTY COUNTY COUNTY Misso Misso	STATE STATE 22c. DATE SIGNEI (State)
120 - 0 - 121 NK	AMENDMENTS ON THIS REC		OOQ	-2	which garabove constanting the lying can part ii. 19. WAS AUTOPST PERFORMED? YES NO 1 20c. TIME OF How INJURY OCCURRE WHILE AT WORK NOT WHILE AT WORK NOT WHILE AT W. 21. I attended the december of the latest part occurred at 22a. SIBNATURE 18. BURIAL, CREMATION REMOVAL (Specify)	We rise to acuse (a) acuse (a) to under under use last. DUE TO the under un	(c) Partial CONDITIONS CONTINUES FOR HOMICIDE E OF INJURY (e.g. factory, street, off factory	206. DESCRIBE HO 206. DESCRIBE HO 206. DESCRIBE HO 206. DESCRIBE HO 3. no mon the 3. no mon the 4. The second secon	20f. CITY, TOWN, 20f. CITY, TOWN, 20f. ADDRESS WATORY Cemetery TE RECD. BY LOCA	OR LOCATION and last sew firm re, and to the best of	of injury in P	COUNTY COUNTY COUNTY Misso Misso	STATE STATE 22c. DATE SIGNEI (State)

•	or by	, ,	,		•		, Student Embalme	er No.
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•	Student	., ., ., ., ., ., ., ., ., ., ., ., ., .			Signed	1/10	ma C	Xthel
		Signature	of Student Embalmer		• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · · · · · · · · · · ·	
					. •		Licensed Embalmer No	495×
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Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.